

STATE OF MARYLAND



NURSE PRACTITIONER WRITTEN AGREEMENT

The purpose of this agreement is to reflect the understanding between the nurse practitioner(s) and physician(s) as related to the advanced practice activities of the nurse practitioner(s) and the nature of their mutual collaboration.

Complete the following information in full and add additional pages, as needed, to clarify the information.

I. General Information

A. Nurse Practitioner

1. Name
2. Home Address
3. Home Phone
4. MD license #
5. Area of certification
6. Orig. certification date
7. Certifying organization

B. Physician

1. Name
2. Address
3. Home Phone
4. MD license #

Note: If additional NPs or MDs are practicing with this agreement, attach additional pages with items A & B completed. • Check here if pages are attached:

C. Description of Setting(s) of Nurse Practitioner Practice

1. Describe the type of facility (private office, clinic, hospital, nursing home, etc.) where NP will practice. Include address and phone number of practice site(s).

2. Type and volume of patients seen or anticipated:

Approximately (on average) how many patients will the NP see daily :

Describe the type of patients to be seen and for what purpose:

II. Nurse Practitioner Functions - In this practice the nurse practitioner(s) may perform the following functions. If yes is checked, describe the terms and conditions of each item.

A. Comprehensive physical assessments of patients (No description required)

Yes _____ No _____

B. Establish medical diagnosis for common short-term or chronic stable health problems (List examples of the health problems for which the NP will establish medical diagnoses)

Yes _____ No _____

C. Orders laboratory and/or diagnostic procedures (Check any that apply)

Yes _____ No _____

_____ Blood tests	_____ Urine tests	_____ Tests of other body fluids (specify)
_____ X-rays	_____ CAT scans	_____ MRI
_____ ECGs	_____ EEGs	_____ Doppler studies
		_____ Biopsie

(Specify any other examples that might be commonly ordered)

D. Interprets basic laboratory and/or diagnostic procedures Yes _____ No _____

(If interpreting other than basic laboratory tests e.g. blood, urine, stool, sputum, exudates, ECGs, specify below and submit proof of continuing education for interpreting these tests. This does not refer to reviewing a radiologists or specialists report and applying it to your patient's plan of care)

E. Performs basic laboratory and/or diagnostic procedures Yes _____ No _____

(If you are performing other than basic laboratory tests, e.g. wet mounts, urinalysis, limited ultra sound, etc. learned in your NP program, please specify below. **You must submit proof of continuing education to perform these additional procedures.**) Check those that apply and submit proof of education.

_____ Lumbar puncture _____ Bone marrow aspiration _____ Tissue biopsy
_____ Colposcopy _____ Sigmoidoscopy

F. Prescribe drugs Yes _____ No _____

(Identify the categories of drugs and, include for each category, one or two examples of those drugs commonly expected to be used in your practice)

[Note: NP graduates do not have prescriptive privileges until completion of the certification process]

<u>Category</u>	<u>Example of Drug</u>
E.g. Antibiotics	Augmentin, Cipro

G. Prescribe controlled substances(CDS) Yes _____ No _____

Check which schedules are included: II _____ III _____ IV _____ V _____

List examples of CDS expected to be prescribed in this practice:

DEA Numbers: Maryland _____ Federal _____

If pending, check here _____ and send copy of licenses to Board when received.

DO NOT PRESCRIBE CDS UNTIL COPIES ARE SENT TO BOARD

H. Perform therapeutic or corrective measures Yes _____ No _____

Include procedures which are not normally within the domain of nursing practice and which are not routinely taught in Nurse Practitioner education programs, but are within the medical domain. Some examples (depending on NP program) are: Norplant insertion, colposcopy, I & D, casting, suturing, debridement, biopsies, central line insertion, etc. Provide documentation of education and training for performance of these procedures

I. Refer patients to appropriate licensed physicians or other health care providers

Yes _____ No _____

Give examples of types of specialists or other providers for referral

J. Provide emergency care Yes _____ No _____

How are patient care emergencies handled in your setting? What is your role and certification for provision of CPR? What arrangements are made for recertification?

Attach a copy of your current CPR, PALS, NRP, and/or ACLS certification.

III. Nurse' Practitioner -Physician Relationship

A. Physician accepts referrals. Give examples of when referrals may be necessary and the manner in which the referral will be made to the collaborating physician.

B. Physician establishes and reviews drug and other broad medical practice guidelines with NP. How frequently will this be done? Check one:

Quarterly _____ Twice a Year _____ Annually _____

Other (specify)

C. Physician and NP periodically review and discuss medical diagnoses and the therapeutic or corrective measures employed in the practice setting.

This review patient centered. How frequently will this be done? Check one:

Weekly _____ Monthly _____ Quarterly _____

Other (specify)

D. Jointly sign records if needed to document accountability of both the physician and NP. Yes _____ No _____

E. Physician is available for consultation, regarding the plan of care, in person, by telephone, or by some other form of telecommunication. Check one:

Available on site _____ Available within _____ hours.

Other (specify)

F. Physician designates an alternate physician if the physician, identified in this agreement, temporarily becomes unavailable. Describe the process which will be used.

IV. Authorization

The nurse practitioner(s) shall immediately notify the Nursing Board if the written agreement is ended by either party. The physician shall immediately notify the Medical Board if this written agreement is ended by either party. The nurse practitioner shall submit a new or amended written agreement for approval before altering the practice setting or modifying or expanding the medical functions that the nurse practitioner is authorized to perform. (Authority COMAR 10.27.07)

Signatures and date of signature shall be affixed by all parties entering into this agreement:

Nurse Practitioner(s)	Date	Physician(s)	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

New Procedure Competence Evaluation

Name _____

To obtain approval for procedures not part of the Nurse Practitioner's education program or not previously approved. The following form **MUST** be completed for each new procedure and submitted to the Board. Do not include a procedure on the written agreement until competency has been obtained. Submission of this form will indicate that this procedure is to be added to the current agreement.

Title of Procedure _____

I certify that _____ has completely performed the above procedure and is able to carry out the procedure independently.

Signature and Date